

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.D.	69350	4-15-99
O.I.P.E. CLASSIFIER	(Signature)	59	4-15-99
FORMALITY REVIEW	Y.C.	7007	4-27-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	8/2/02
2	10/29/02
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Claim	Date
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Original	
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52	10/29/02
53	2/14/03
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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